REVIS DEPARTM	SED JANUARY ENT OF THE T	/ 1980 FREASURY		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL							VOUCHER NO 0000006
U.S. DEPARTMENT,	BUREAU, OR	ESTABLISHMENT	AND LOCATIO	1	ER PREPARED			***************************************			SCHEDULE NO.
E P A RESEARCH T FINANCIAL M MAIL CODE E RTP, NC 2771	IANAGEN 0143-02		R	03/14/2014 EP-C-11-038/Task Order 0015 REQUISITION NUMBER AND DATE							PAID BY
	•							DATE INV	OICE RECE	IVED	
PAYEE'S I NAME AND	DEP	EMORIAL INSTITI T. L 998 S, OHIO 43260	UTE	BILLING MGR (614)424-3278 FAX NO (614)424-4503 DUNS NO: 00-790-1598				DISCOUN	IT TERMS		
ADDRESS				FEDERAL	ID # (b)	4)		PAYEE A	COUNT NU	MBER	
SHIPPED FROM			то	·				(b)	(4)		GOVERNMENT B/L NUMBER
NUMBER	DATE OF				S OR SERVIC				UNIT	PRICE	AMOUNT
OF ORDER	DELIVERY OR SERVICE		•	•		ntract of Federal deemed necessary)		Quantity	COST	PER	
01/31/2014 TO 02/27/2014		COST REIMBURSA Please See Atta	BLE PROVISIO	ONAL PAYMENT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						\$19,348.75
			"Summary		Cost Fee Total		18,253.83 <u>1,094.92</u> 19,348.75		-		
		REMIT TO: A	NOTICE IN		Casting	hat all peyroed o murphines es set (chiezasi illi grafia	d in ascord		h Î	~	
(USE CONTINUATIO	N SHEET(S) IF	NECESSARY)		(Payee	must NOT use	the space below)				TOTAL	\$19,348.75
PROVISIONAL COMPLETE PARTIAL	APPROVED BY:2	FOR :	<u>}!</u>	EXCHANGE	FEE	\$1.00	11	DIFFERI	ENCES	10	iion
PROGRESS ADVANCE	TITLE		······································		· · · · · · · · · · · · · · · · · · ·			Amount ve	rified; collect	ed for	
Pursuant to author	rity vested in	me, I certify that	this voucher	is correct and	proper for payr	ment				ccounting	
(Date)		(<i>P</i>	uthorized ce	rtifying officer)	··········	CLASSIFICATION				(Title	<u>e)</u>
					ACCOUNT	JLASSIFICATION					
CHECK NUMBER		ON ACCOUNT (OF U.S.		CHECK NUM	BER		ON (Name	of bank)		
CASH		DATE			PAYEE 3						
1 When stated in forei 2 if the ability to certify necessary, otherwise 3 When a voucher is r the company or corpo example, John Doe Co	y and authority the approving of eccipted in the ration name, as	to approve are comb officer will sign in the name of a company s well as the capacit	nined in one per espace provided or corporation, y in which he sig	d over his official the name of the gns, must appear	title. person writing ; for	PER					

Standard Form Revised Octobe Department of the 1 TFM 4-2000	r 1987	PUBLIC VOUCHER FO			ND		VOUCHER NO. 00000006			
U.S. DEPARTMEN	IT. BUREAU, OR E	STABLISHMENT LOCATION	DATE VOUCHER	PREPARED 03/14/201		SCHEDULE NO.				
RESEARCH T FINANCIAL M MAIL CODE D RTP NC 2771	IANAGEMEN 0143-02 1		CONTRACT NUMB EP-C-11-038/1	SER AND DAT	E		PAID BY			
United States		Customer ID: C00107855	REQUISITION NUM	ABER AND DA	ATE					
PAYEE'S NAME	-	DATE INVOICE RECEIVED								
AND ADDRESS	43260	Federa	al ID: (6)(4)				DISCOUNT TERMS			
L		PAYEE'S ACCOUNT NUMBER (b)(4)								
SHIPPED FROM		то		W	EIGHT		GOVERNMENT BA NUMBER			
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SERVICES (Enter description, item number of contract of		QUANTITY	UNIT P	T	AMOUNT			
OF ORDER	OR SERVICE	supply schedule, and other information deeme		QUANTITY	COST	PER	(1)			
01/31/2014 TO 02/27/2014		I certify that all peyments read en concern which is a unprecess and in each fine of the concern and the conce				: : : :	\$9,595.89			
(Use continuation st	*.	· · · · · · · · · · · · · · · · · · ·				OTAL	\$9,595.89			
PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL	APPROVED F	D	### \$1.08		ERENCE					
PROGRESS	TITLE			(Signature						
Pursuant to author	ority vested in m	e, I certify that this voucher is correct and proper fo	or payment.				L			
(Date)	9)									
ACCOUNTING CLASSIFICATION										
P CHECK NUM	BER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMB	ER		ON (Nan	ne of bank)			
I CASH		DATE	PAYEE 3	******						
1 When stated in foreign currency, insert name of currency. 2 if ability to cartify and authority to approve are combined in one person, one alignature only is necessary, otherwise approving officer will sign in space provided, over official site.										
3 When a voucher is receipted	d in the name of a compan	y or coporation, the name of the person writing the company or corporate name, as a sle: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case m	well sa	TITLE						

Battelle

The Business of Innovation

Invoice:

10065640

Invoice Date: Customer ID: 03/14/2014 G00107855

Payment Terms: (

Net 30

Due Date: Voucher: 04/13/2014 00000006

Bill To:

43260

EPA

Dept L 998

COLUMBUS OH

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711 United States Inquiry: DUNS No: Federal IDs (614) 424-3278 00-790-1598 P.O. Ref: Contract:

CPEE

Contract Type:

CPFF

Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 01/31/2014 TO 02/27/2014

Cost Appropriation	122,692.00	Fee Appropriation 7,2	92.00
Cost Elements		Current	Cumulative
Direct Labor - BCO		1,851.78	1,851.78
Direct Labor - BTSO	SALAN SA	1,648.68	1,648.68
Fringe Benefits-Salaried - BCO	42.0%	777.76	777.76
Fringe Benefits-Salaried - BTSO	42.0%	692.41	692.41
Division Overhead - BCO	63.1%	1,659.30	1,659.30
Division Overhead - BTSO	26.1%	్లోయా ·క్ట్ 611.03 హి ·క్ట్	611.03
Special Facilities & Services - BCO			168.20
Special Facilities & Services - BTSO		*	134.10
General & Administrative - BCO	26.5%	1,181.12	1,181.12
General & Administrative - BTSO	7.00%	215.98	215.98
Cost of Facilities Capital-DOH BCO	*	¥ ≦ ^{' %} 89.12	3 × 89.12
Cost of Facilities Capital-G&A 8800000000000000000000000000000000000		89.12	1490 /
Cost of Facilities Capital-G&A. BISO	W.Jalaw.	DJ <u>lillaaa</u> liic	
Total BEFORE Fee		9,052.84	9,052.84
Fee - Fixed		<u>543.05</u>	543.05
Total Fee		<u>543.05</u>	543.05
Net Total Cost		9,595.89	9,595.89

BF GOODRICH SITE

I certify that all payments requested are for any contests purposes and in accordance with 6.0 agreements ect forth in the contract.

Accounting Officer (Notice of Official)

(Title)

RE	ANDARD FORM VISED JANUAR IMENT OF THE 1 TERM 4-200	Y 1980 TREASURY					OR PURCHASES				VOUCHER NO 0000007
U.S. DEPARTMEN		R ESTABLISHMENT	AND LOCATIO	DATE VOUCH	ER PREPARED	E3 OTHER	CITAN PERSONA	L			SCHEDULE NO.
RESEARCH FINANCIAL MAIL CODE	MANAGEN	E PARK MENT CENTER	₹		38/Task Or NUMBER AND D						PAID BY
RTP, NC 27	711		***************************************	<u> </u>					ok a por en papaçõe de distribution a quinco		1
PAYEE'S	BATTELLE M	MEMORIAL INSTITU	JTE	BILLING N	IGR (614)	424-3278		DATE IN	OCE RECE	IVED	
NAME AND		T. L 998 S, OHIO 43260		FAX NO DUNS NO:)424-4503 90-1598		DISCOUN	IT TERMS		
ADDRESS				FEDERAL		(4)	l	PAYEE A	CCOUNT N	JMBER	
SHIPPED FROM			то					(b)	(4)		GOVERNMENT B/L NUMBER
NUMBER	DATE OF			ARTICLE	S OR SERVIC	ES		†	UNIT	PRICE	AMOUNT
AND DATE OF ORDER	DELIVERY OR SERVICE		•	lescription, iten ledule, and othe				Quantity	COST	PER	
02/28/2014 TO		COST REIMBURSA Please See Attac	BLE PROVISION	ONAL PAYMENT			300.77		0001	1	\$24,436.22
03/27/2014											\$24,430.22
		•	'Summary		Cost Fee		23,053.37 <u>1,382.85</u>				
				•	Total		24,436.22				
		REMIT TO: A	СН-ЕРА	i re	riffy that al	l navmen	bi requested are	Arsr I			
				8577			d in eccordance				-
				A.	anie A	A.		k ers	la.	- ar-an-ar-i	
(USE CONTINUAT		······································			nust NOT use	the space b	elow)			TOTAL	\$24,436.22
PAYMENT PROVISIONAL COMPLETE	APPROVED	FOR 'w.^~		EXCHANGE I	ee Yaan	````	lní	DIFFER	NCES		iion
PARTIAL FINAL	BY:2		7 4, 1.	~ <i>3 & a</i> .	2 % 2	. ii - ii. ii	·		.ši. & .š	8. Sw%	*
PROGRESS ADVANCE	TITLE							Amount ver	rified; collecte	ed for	
Pursuant to auth	ority vested in	me, I certify that	this voucher	is correct and	proper for payr	nent		1 (- 3	······································		
(Date)		(Aı	uthorized cei	ntifying officer)2		-			A	ccounting (Title	
					ACCOUNT (CLASSIFICAT	TION				
CHECK NUMBE		ON ACCOUNT O	F U.S.		CHECK NUM	BER		ON (Name	of bank)		
CASH		TREASURY DATE			PAYEE 3						
2 if the ability to cert	ify and authority t	sert name of currency to approve are combinations will be served to the server of the	ned in one per	-	-	PER					
3 When a voucher is the company or com	receipted in the oration name, as	name of a company of well as the capacity on Smith, Secretary, or	or corporation, in which he sig	the name of the p ins, must appear,	erson writing for	TITLE			,		

Standard Form Revised Octob Department of	er 1987 the Treasury	PUBLIC VOUCHER FOR SERVICES OTHER TH		ND		VOUCHER NO. 00000007	
U.S. DEPARTME		STABLISHMENT LOCATION	DATE VOUCHER P	REPARED 04/14/2014			SCHEDULE NO.
RESEARCH	11		CONTRACT NUMB EP-C-11-038/T	ER AND DATE ask Order (0015		PAID BY
PAYEE'S NAME AND	Battelle Me Dept L 998 COLUMBU 43260		DATE INVOICE RECEIVED				
ADDRESS	L	1 545.5	il ID: <mark>(b)(4)</mark>				PAYEE'S ACCOUNT NUMBER
SHIPPED FROM		то		WE	EIGHT		(b)(4) GOVERNMENT B/L NUMBER
NUMBER	DATE OF	ARTICLES OR SERVICES			UNIT P	T	AMOUNT
AND DATE OF ORDER 02/28/2014	DELIVERY OR SERVICE	(Enter description, item number of contract o supply schedule, and other information deeme	1	QUANTITY	cost	PER	\$9,798.13
TO 03/27/2014		cartify that all payments of according to according to the second of the	eccordance the contrac	with t. ficer	- Zoomanis - Zoomanis - Zoomanis		\$ MEMORINA.
(Use continuation	sheet(s) if necessar		9.27	w)	RENCE	TOTAL	\$9,798.13
PAYMENT: PROVISIONA COMPLETE PARTIAL FINAL PROGRESS	BY 2 .	OR EXCHANGE	RATE \$1.80 \$		ed; correct for		
Pursuant to au	thority vested in m	ie, I certify that this voucher is correct and proper f	or payment.				
(Date)		(Authorized Certifying Officer) 2 ACCOUNTING 0	CLASSIFICATION		(Tit	le)	
P CHECK N	UMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUME	BER		ON (N	lame of bank)
I CASH D \$		DATE	PAYEE 3	T			
2 if ability to certify and		ned in one person, one signature only is necessary; otherwise approving officer will		ctal title. TITLE			
i		my or coporation, the name of the person writing the company or corporate name, a mple: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case			-	× /×	

Battelle

The Business of Innovation

10067140

Invoice Date: Customer ID:

04/14/2014 C00107855

Payment Terms:

Net 30

Due Date: Voucher:

05/14/2014 00000007

Bill To:

43260

EPA

Dept L 998

COLUMBUS OH

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

RTP NC 27711

MAIL CODE D143-02

United States

Inquiry: DUNS No: (614) 424-3278

P.O. Ref: 00-790-1598

Contract: Contract Type:

CPFF

Federal ID: Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU. Billing Period FROM 02/28/2014 TO 03/27/2014

Cost Appropriation	122,692.00	Fee Appropriation	7,292.00
Cost Elements		Curre	ent Cumulative
Direct Labor - BCO		1,246	3,097.96
Direct Labor - BTSO		2,437	7.59 4,086.27
Fringe Benefits-Salaried - BCO	42.0%	523	3.38 1,301.14
Fringe Benefits-Salaried - BTSO	42.0%	1,023	1,716.22
Division Overhead - BCO	63.1%	1,116	2,775.89
Division Overhead - BTSO	26.1% 🎤 🛶	ي ^{∽مہ .} ﴿ 903	,49 ⁻⁹ · (1,514.52
Special Facilities & Services - BCO	€ '«"'\	. \$\`\\ "\\\ \\ \\ \\\ \\ \\\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	49 * 1,514.52 44\$ * 304.64 43\$ \$ 374.53
Special Facilities & Services - BTSO			43 8 8 374.53
Travel - BCO	- CALLY - C	323	.00 323.00
General & Administrative - BCO	26.5%	886	.57 2,067.69
General & Administrative - ௧௸௴௷	7.00%	SS 11 (322 SS 11 (369	
Cost of Facilities Capital-DOH → B&O ~	usme		3 97
Cost of Facilities Capital-G&A BC	Lidil		99 44 11 88 25 688
Cost of Facilities Capital-G&A - BTSO			.8721.43
Total BEFORE Fee		9,243	.53 18,296.37
Fee - Fixed		554	.601,097.65
Total Fee		554.	.601,097.65
Net Total Cost		9,798.	13 19,394.02

BF GOODRICH SITE

certify that all payments requested are for in the contract. Accounting Officer (Title)

	MENT OF THE 1	TREASURY		P		UCHER FOR P				s	VOUCHER 00	NO 000009
	T, BUREAU, OR	ESTABLISHMENT	AND LOCATION	DATE VOUCHE	R PREPARED				*******		SCHEDULE	NO.
E P A RESEARCH FINANCIAL MAIL CODE RTP, NC 277	MANAGEN D143-02	E PARK IENT CENTER	₹	06/11/2014 EP-C-11-03 REQUISITION N					an advetlige dat de mesonique i spisioloce ⁴		PAID BY	alle and the second
PAYEE'S		EMORIAL INSTITU	JTE	BILLING MO	GR (614)	124-3278		DATE INV	OICE RECE	VED		
NAME AND	DEP	T. L 998 S, OHIO 43280		FAX NO DUNS NO:	(614)	424-4503 90-1598		DISCOUN	T TERMS			
ADDRESS				FEDERAL II	D# (b)	(4)		PAYEE AC	COUNT NU	MBER		
SHIPPED FROM			то					(b)	(4)		GOVERNM	ENT B/L NUMBER
NUMBER	DATE OF			ARTICLES	OR SERVIC	ES			UNIT P	RICE	Al	MOUNT
AND DATE OF ORDER	DELIVERY OR SERVICE		,			ntract of Federal leamed necessary)		Quantity	COST	PER		
04/25/2014 TO 05/29/2014	OR SERVICE	COST REIMBURSA Please See Attac	BLE PROVISIO	NAL PAYMENT	iniomagon C	eemed necessary)			<u> </u>			\$55,780.11
		REMIT TO: A		i pe ayşa	iee Total Stify West a Stockers bu	ii payments co posse and in the Dr. Spith is	accordance	with				
(USE CONTINUAT	ION SHEET(S) II	F NECESSARY)		(Payee m	ust NOT use	the space below)				TOTAL	\$	55,780.11
PAYMENT PROVISIONAL COMPLETE PARTIAL FINAL	APPROVED BY:2) FOR		EXCHANGE F		≧\$ foo 3	111	DIFFER	ENCES			
PROGRESS ADVANCE	TITLE							Amount ve	rified; collect	ed for		
	ority vested in	me, I certify that	this voucher	is correct and p	proper for pay	ment			A	ccounting	Officer	
(Date)		(A	uthorized cer	tifying officer)2		_				(Titl	e)	
					ACCOUNT	CLASSIFICATION						
CHECK NUMBE	R	ON ACCOUNT O	OF U.S.		CHECK NUM	IBER		ON (Name	e of bank)			
CASH		DATE			PAYEE 3		ч					
2 if the ability to cer necessary, otherwis	tify and authority se the approving	nsert name of currence to approve are comb officer will sign in the name of a company	space provided	over his official tit	ie.	PER						

example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

| Home | | Logout |

Contract Payment System (CPS)

Today is 07/29/2014

DDC Utilities	Obligation Reports/Que	Invoice eries	Redistribution	Data Correction
Invoice Query				
Barcode: b40	097281083			
DO:				
Reset S	earch			
Contract: EPC11	.038 DO: 00015	Invoice: 9 Bar	rcode: B4097281083	

Disbursement due: 07/14/2014

Date Received: 06/12/2014

Funding Period: 0

Invoice Period of Performance: 04/25/2014 - 05/29/2014

Amount Invoiced: 55,780.11

Date Invoiced: 06/11/2014

Contract/DO Peried of Performance: 08/28/2013 - 08/28/2014

Distributed Amount: 55,780.11

Prompt Pay Type: STD -Approval Sent: 06/19/2014

Discount Taken: 0.

Amount Paid: 55,783.22

Interest Paid: 3.11 /

Discount Days: 0

Date Paid by Treas: 07/15/2014

Discount Percent: 0

Suspended Amount: 0.00

Schedule No: AVC140202

Class/Type: TSSO/HYBD

Contracting Officer: Camille W. Davis

Phone: 5134872095

Project Officer: William A. Hagel

Phone: 2158143053

Approving Officer: William A. Hagel

EPA Tech: DGLENN

Prevalidated By: DGLENN Vendor Code: 2250000469 1

Vendor Name: BATTELLE MEMORIAL INSTITUTE

Pre Conversion Vendor Name: BATTELLE MEMORIAL

INSTITUTE

Business Name: BATTELLE MEMORIAL INSTITUTE

Address Line1: DEPARTMENT L998

Address Line2:

City/State/Zip: COLUMBUS, OH 43260

Cost Data

Amt Invoiced Amt Suspensed Amt Paid

Cost:

52623.36

0 52623.36

Fixed:

3156.75

0 3156.75

Suspensions

Cost Type Suspense Description Amount

Invoice Status

Date	Step	User Assigned	User Updated	Status
2014-06-12 17:13:57.0	10	BKAIGLER	VPS	LOGGED
2014-06-12 17:13:57.0	20	BKAIGLER	VPS	ASSIGNED
2014-06-13 06:53:53.0	20	DGLENN	STIMMONS	ASSIGNED
2014-06-18 09:56:42.0	30	DGLENN	DGLENN	STARTED
2014-06-18 09:57:17.0	40	DGLENN	DGLENN	PREVALIDATED
2014-06-19 00:57:43.0	50	BKAIGLER	VPS	AO NOTIFIED
2014-07-11 09:51:34.0	90		VPS	FINALIZED
2014-07-11 10:00:40.0	100		VPS	TRANSMITTED
2014-07-11 10:34:21.0	120	DGLENN	BKAIGLER	CERTIFIED CPS
2014-07-16 00:00:12.0	150	DGLENN	VPS	CERTIFIED IFMS
2014-07-16 00:00:12.0	210	DGLENN	VPS	PAID
				idential
Invoice Comments		W	· V A2.	.A. A. Garte War M. A. B. 2 2. Wester 2

Invoice Comments

	Date	User	Comments		**	м	
	07/10/2014	DGLEN	SENT APPROVAL REQUEST		lnfarr	3 1. 2 2 3	S: 20 26 42
Ī		.ä		27.7		l.Clll	<i>N.J.</i> I. I

Account Distributions

Line No	DCN	FY	Approp	Organization	Site Project	Cost Org	Object Class Amount	Distributed
1	1372BJ5015	2013	T	72BA	HQ00BM00		2505	8919.00
2	1372DP5015	2013	Т	72DP	HQ00BM00		2505	10202.00
3	13261EC329	2012	С	261E000		26A6F	2532	11832.11
7	1404RE4005	2014	TR2B	04R0C61	0461CO01	C002	2505	24827.00 /
							Totai	55,780.11

Cancel

Questions or Comments, Please contact OCFO/OTS/RTP-Ops

1	Standard Form 1034 Revised October 1987 PUBLIC VOUCHER FOR PURCHASES AND									
Department of the 1 TFM 4-2000	ne Treasury	SERVICES OTHER TH	IAN PERS	ONAL			00000009			
	IT. BUREAU, OR E	STABLISHMENT LOCATION	DATE VOUCHER F	PREPARED 06/11/2014		SCHEDULE NO.				
RESEARCH I FINANCIAL M MAIL CODE I	IANAGEMENT 0143-02		CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015				PAID BY			
RTP NC 2771 United States		Customer ID: C00107855	REQUISITION NUM	MBER AND DA	ТЕ					
PAYEE'S NAME	Battelle Me Dept L 998 COLUMBU	·	/ 14) 424-3278 No: 00-790-1598	7			DATE INVOICE RECEIVED			
AND ADDRESS	43260		al (D: <mark>//h)///</mark>				DISCOUNT TERMS			
L							PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM		то		WE	EIGHT		GOVERNMENT B/L NUMBER			
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SERVICES (Enter description, item number of contract of	r Federal	QUANTITY	UNIT P	PER	AMOUNT			
OF ORDER 04/25/2014 TO 05/29/2014	OR SERVICE	I certify that all payments requested a appropriate purposes and in accordance the agreements set forth in the contract	nd necessary) Are for with Are. Ang. Officer (Title)	∠:>*	- 	**************************************	\$24,826.91			
(Use continuation s	heel(c) if necessary	(Payee must NOT us		ow)		TOTAL	\$24,826.91			
PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL	APPROVED	ÖRS EXCHANGE		pirti	ERENCE					
PROGRESS	TITLE			(Signature	or initials)					
Pursuant to auth	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.									
(Date)		(Authorized Certifying Officer) 2	CI ASSISICATION		(Tit	le)				
ACCOUNTING CLASSIFICATION										
P CHECK NUI	MBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUM	BER		ON (N	Name of bank)			
I CASH D \$		DATE	PAYEE 3							
3 When a voucher is receip	nority to approve are combined in the name of a compar	incy. The din one person, one signature only is necessary, otherwise approving officer will the original officer will the person writing the company or corporate name, a pole: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case	as well as	PER	E					

Battelle

The Business of Innovation

Invoice: Invoice Date: 10069712

Customer ID:

06/11/2014 C00107855

Net 30

Payment Terms: Due Date:

Voucher:

07/11/2014 00000009

Bill To:

43260

Dept L 998

COLUMBUS OH

RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711 **United States**

Inquiry: DUNS No:

Federal ID:

(614) 424-3278

00-790-1598

P.O. Ref: Contract:

Contract Type:

CPFF

Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU. **Billing Period FROM** 04/25/2014 TO 05/29/2014

Cost Appropriation	122,692.00	Fee Appropriation 7,292.	00
Cost Elements	**************************************	Current	Cumulative
Direct Labor - BCO		4,768.74	12,257.92
Direct Labor - BTSO		4,015.40	13,634.34
Fringe Benefits-Salaried - BCO	42.0%	2,002.86	5,148.27
Fringe Benefits-Salaried - BTSO	42.0%	1,686.49	5,726.45
Division Overhead - BCO	63.1%	4,272.89	10,983.41
Division Overhead - BTSO	26.1%	ეოდი დ 1,488.22ო დ	5,053.29
Special Facilities & Services - BCO		1,488.22 ² 1,488.22 ² 1,52 6 07 1,526 1,	1,325.50
Special Facilities & Services - BTSO	¥ , {	52607 251,500	1,253.87
Travel - BCO	"im/	E	661.10
Travel - BTSO		0.00	299.50
General & Administrative - B@O~	26. 8 %	*¥⁄	. * 8,049.82
General & Administrative - B	17 C ⁷ 99%	(>, <> <> <	·*\$^`-% _? ^* 1 \\$14 8.85 \$
Cost of Facilities Capital-DOH - BO		3,155.64 \$27,99 229,97	*************************************
Cost of Facilities Capital-G&A - BCO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	38.82	99.19
Cost of Facilities Capital-G&A - BTSO		20.93	72.14
Total BEFORE Fee		23,422.05	66,972.24
Fee - Fixed		1,404.86	4,017.48
Total Fee		1,404.86	4,017.48
Net Total Cost		24,826.91	70,989.72

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the contract.

	ANDARD FORM	í								1
	VISED JANUARY MENT OF THE 1	1		PUBLIC VO	OUCHER FOR F	PURCHASES A	ND			VOUCHER NO
	1 TFRM 4-2000	1			ES OTHER TH					00000008
U.S. DEPARTMEN	IT, BUREAU, OR	ESTABLISHMENT AND	LOCATION DATE VOU	HER PREPARED						SCHEDULE NO.
EPA			05/13/20 ⁻	14						
RESEARCH										PAID BY
		IENT CENTER	 	038/Task Or						4
MAIL CODE			REQUISITIO	N NUMBER AND E	DATE					
RTP, NC 277	/11				**************************************		Tairen	OLOR DEGE	B #50	
PAYEE'S	BATTELLEM	EMORIAL INSTITUTE	BILLING	MGR (614)	424-3278		DATEIN	OICE RECE	VED	
NAME		T. L 998	FAX NO	• ,)424-4503		DISCOUN	IT TERMS		1
AND	COLUMBU	S, OHIO 43260	DUNS NO	•	90-1598					
ADDRESS			FEDERA	LID# (b)	(4)		PAYEE A	CCOUNT NU	MBER	
							(b)	(1)	_	
SHIPPED FROM		то					(0)	(4)		GOVERNMENT B/L NUMBER
***************************************				70 on 0550					NO.C.	ALIQUET
NUMBER AND DATE	DATE OF DELIVERY		(Enter description, ite	ES OR SERVIC			Quantity	UNITE	TRICE	AMOUNT
OF ORDER	OR SERVICE	Si	upply schedule, and of)	Guaritty	COST	PER	
description of the second of t			PROVISIONAL PAYMEN	····		<u> </u>		***************************************		
03/28/2014		Please See Attache	d Continuation Sheets	i						***********
TO										\$41,106.37
04/24/2014										
		"Sı	ummary Voucher"	Cost		38,780.22				
			, , , , , , , , , , , , , , , , , , , ,	Fee		2,326.15				
				Total		41,106.37				
		REMIT TO: ACH	LEDA					-		
		KEMIT TO: ACF	I-CFA							
				7 77			d 5	jer.		
			۰	arraige.	~~~	•«		3 4	· ķ ?	
			4			e" 🖟 / "% %"	k* & 4	****) (2)	
,			£				3 8	6 6		
				***		288° 0. 400 TWT			<u> </u>	644 400 27
(USE CONTINUAT				······	the space below)		·		TOTAL	\$41,106.37
PAYMENT	APPROVED	FOR ·	EXCHANGE	FEE	*	1	DIFFER	ENCES		<u> </u>
PROVISIONAL	*			! ^}^	્રે. સ્ટ્રાંત ક્રાં કે	******	1 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
COMPLETE PARTIAL	BY:2	 		! 		 	. .	.Ž. Ž. ;	1. C.J	
FINAL										
PROGRESS	TITLE						Amount ve	rified; collecte	ed for	
ADVANCE							(Signature	or initials)		
Pursuant to auth	ority vested in	me, I certify that this	voucher is correct an	d proper for payı	ment					. 0.6
(Date)		/Auth	orized certifying office	r)?				A	ccounting (Title	
(Date)		(Augi	onzed certifying office		CLASSIFICATION					<u> </u>
				T			011.00			
CHECK NUMBE	R	ON ACCOUNT OF U	J.S.	CHECK NUM	MBER		ON (Name	e of bank)		
	·····	TREASURY		DAVES A				······································		
CASH		DATE		PAYEE 3	· ·					
1 When stated in fo	reign currency. In	sert name of currency.		.1	PER					
			l in one person, one signal	ure only is						
			ce provided over his officia		TOUG					
			orporation, the name of the which he signs, must appear		TITLE					
company or our	Campania es la	in Curity Consider: T	enserver or the core man	, ha	1					

R D	andard Form avised Octobe epartment of the TFM 4-2000	1987		OUCHER FOI ES OTHER TH			ND		VOUCHER NO. 00000008		
U.		T. BUREAU, OR E	STABLISHMENT LOCATION		DATE VOUCHER	PREPARED 05/13/2014			SCHEDULE NO.		
FI M R				00107855	CONTRACT NUME EP-C-11-038/	BER AND DATE	0015		PAID BY		
	PAYEE'S NAME	Battelle Me Dept L 998 COLUMBU		DUNS	14) 424-3278 No: 00-790-159	7			DATE INVOICE RECEIVED		
	AND ADDRESS	43260		Federa	(b)(4)	■ .			DISCOUNT TERMS		
	L					J		1.	PAYEE'S ACCOUNT NUM	BER	
SH	IPPED FROM		GOVERNMENT B/L NUMB	BER							
	NUMBER DATE OF ARTICLES OR SERVICES UNIT PRICE								AMOUNT		
i	ND DATE F ORDER	DELIVERY OR SERVICE	· ·	(Enter description, item number of contract or Federal QUANTITY COST F supply schedule, and other information deemed necessary)						(1)	
	03/28/2014 TO 04/24/2014							\$26,768.79			
	e continuation st	eet(s) if necessary		Payee must NOT use			RENCE	OTAL	\$26,768.79		
	PROVISIONAL COMPLETE PARTIAL	BY 2	BUS I	EXCHANGE 11.000	\$\frac{\cappa = \$1.0\frac{\cappa}{\cappa}}{\cappa = \$1.0\frac{\cappa}{\cappa}}			m			
	FINAL					Amount verifie					
F	PROGRESS ADVANCE	TITLE	·			(Signature o	or initials)				
Pu	rsuant to autho	ority vested in me	e, I certify that this vouche	r is correct and proper fo	or payment.						
(Date) (Authorized Certifying Officer) 2 (Title)											
				ACCOUNTING C	LASSIFICATION						
P A	CHECK NUM	BER	ON ACCOUNT O	F U.S. TREASURY	CHECK NUME	BER		ON (Na	me of bank)		
l D	CASH \$		DATE		PAYEE 3						
t Wi	en stated in foreign curr	ency, insert name of curren				PER					
2 If ability to cartify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title. 3 When a voucher is receipted in the name of a company or coporation, the name of the person writing the company or corporate name, as well as											

Battelle

The Business of Innovation COLUMBUS OH

invoice:

10068602

Involce Date: Customer ID: 05/13/2014 C00107855

Payment Terms: Due Date:

Net 30 06/12/2014

Voucher:

80000008

Bill To:

43260

EPA

Dept L 998

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711 **United States**

inquiry: **DUNS No:** (614) 424-3278

31-4379427

00-790-1598

P.O. Ref: Contract:

Contract Type:

Federal ID: Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU. **Billing Period FROM** 03/28/2014 TO 04/24/2014

Cost Appropriation	122,692.00	Fee Appropria	tion 7,29	92.00
Cost Elements			Current	Cumulative
Direct Labor - BCO			4,391.22	7,489.18
Direct Labor - BTSO			5,532.67	9,618.94
Fringe Benefits-Salaried - BCO	42.0%		1,844.27	3,145.41
Fringe Benefits-Salaried - BTSO	42.0%		2,323.74	4,039.96
Division Overhead - BCO	63.1%		3,934.63	6,710.52
Division Overhead - BTSO	_ه 26.1%	e emme	2,050,55 🏊 → 🔆	3,565.07
Special Facilities & Services - BCO	(Z"\s\-\\$49\$\$79\s\\\"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	800.43
Special Facilities & Services - BTSO		ONIG	2,050,55 ° · · · · · · · · · · · · · · · · · ·	902.37
Travel - BCO	Nema	Viii A. E. E. E. A. Viii V	0.00	323.00
Travel - BTSO			299.50	299.50
General & Administrative - B®®***	26. 5 %	¥	_≴ '	. 💝 4,894.18
General & Administrative - BT\$0.	~% ~% <u>∢</u> ``₹7: 86 0%% ~%	KOKAA İV	3	`\$``\$```\$` _` _{` `\ &8 \$ 65\$\
Cost of Facilities Capital-DOH BC		icss Ir		128 9.63 360.42
Cost of Facilities Capital-G&A - BCO		a. was a. a. a. a	34.69	60.37
Cost of Facilities Capital-G&A - BTSO	1		29.78	51.21
Total BEFORE Fee		-	25,253.82	43,550.19
Fee - Fixed			1,514.97	2,612.62
Total Fee			1,514.97	2,612.62
Net Total Cost		_	26,768.79 -	46,162.81

BF GOODRICH SITE

	ANDARD FORM		1									i	
	VISED JANUARY TMENT OF THE				PUBLIC VO	IICHER FOI	D DIID	CHASES A	ND			VOLIC	HER NO
DEPAR	1 TFRM 4-200					S OTHER T						1	00000010
II C DEDARTMEN		RESTABLISHMENT	ANDLOCATIO	NATE VOLICE	HER PREPARED	OUTILITY	11/314 1	LICOTIA				ecue	DULE NO.
EPA	NI, BUREAU, UF	CESTABLISHMENT	AND LOCATIO	07/14/201								Journe	JOLE NO.
RESEARCH	TRIANGL	E PARK					····				-	PAID	BY
		MENT CENTE	R	EP-C-11-0	38/Task Ord	er 0015							
MAIL CODE	D143-02			REQUISITION	NUMBER AND D	ATE				*******	***************************************	1	
RTP, NC 27	711												
***************************************									DATE IN	OICE RECE	VED	1	
PAYEE'S	BATTELLE N	IEMORIAL INSTIT	UTE	BILLING N	MGR (614)4	24-3278							
NAME	DEF	T. L 998		FAX NO	(614)	424-4503			DISCOUN	TTERMS			
AND	COLUMBU	S, OHIO 43260		DUNS NO		0-1598				·····		1	
ADDRESS			×	FEDERAL	. ID# (15)/	4)			PAYEE A	CCOUNT NU	MBER	ŀ	
									(10)	1			
SHIPPED FROM			TO							(4)		GOVE	RNMENT B/L NUMBER
		·								T		ļ	
NUMBER	DATE OF				ES OR SERVICI					UNIT	RICE	 	AMOUNT
AND DATE	DELIVERY		•		m number of cor				Quantity	COST	PER		
OF ORDER	OR SERVICE	COST REIMBURS		***************************************	ner information d	eemed necess	ary)			0031	FER	 	
05/30/2014		Please See Atta											
TO		l'ioase oce rue	ionou ooman	30,1011 0110010									\$71,887.82
06/26/2014		-											
									1		1		
			"Summary	/ Voucher"	Cost			67,819.55	1				
					Fee			4,068.27	İ				
					Total			71,887.82					
		REMIT TO: A	ACU EDA										
				payments requeste									
				ooses and in accord		. നാന				2			
		^	are agreements	set forth in the por		ي دولان المحادث	ۋەسىر :) 	المراجعة المراجعة	4 ×"%	Ě		
			ach 1	\n_ f &	ounting exicer								
		•	(Name of Officia	n in	gy / Year A	i	i ama	:- W.W. LW	lw. 3>	2., %.y.%·	.F		
								بذائي			<u> </u>		<u> </u>
(USE CONTINUAT	ION SHEET(S) I	F NECESSARY		,(Payee	must NOT use:	the space belo	ov∰i		~~ ~~		TOTAL	<u></u>	\$71,887.82
PAYMENT	APPROVE	37.00	JU	BACHANGE	FB\$ {*···*	W 1/2			DIFFER	ENICES	121	*	
PROVISIONAL		.&	نلاستا الانبر	i.J.##	i. di Veri di	.2 * 2 .		. 💥¾. ''	<u> </u>	<u>.k. & .s</u>	8. 44	* × ×	<u> </u>
COMPLETE			=\$			=\$1.00							
PARTIAL.	BY:2												
FINAL									<u> </u>				
PROGRESS	TITLE									rified; collect	ed for		
ADVANCE	<u> </u>								(Signature	or initials)			
Pursuant to auth	hority vested in	n me, I certify tha	t this voucher	r is correct and	proper for payn	nent					ccounting	Officer	
(Doto)	-		Authorized co	ertifying officer	12	•				^	(Title		
(Date)			NOU TO IZEC CE	ararying omocr		LASSIFICATIO	N				<u> </u>		
					AUUUUNI	LACON IONIN							
CHECK NUMBE	ER	ON ACCOUNT	OF U.S.		CHECK NUM	BER			ON (Name	of bank)			
		TREASURY											
CASH	<u>,</u>	DATE			PAYEE 3								
											.,	·	
		nsert name of curren				PER .							
		to approve are com											
		officer will sign in th				TITLE							
		e name of a compan as well as the capaci				, , , , , , , , , , , , , , , , , , ,							
		ohn Smith, Secretary				,							

Standard Form Revised Octob Department of 1 TFM 4-2000	er 1987	PUBLIC VOUCHER FOI SERVICES OTHER TH		ND		VOUCHER NO. 00000010	
	NT. BUREAU, OR E	STABLISHMENT LOCATION	DATE VOUCHER F	PREPARED 07/14/2014			SCHEDULE NO.
RESEARCH	11		CONTRACT NUMB EP-C-11-038/T	BER AND DATE	0015		PAID BY
PAYEE'S NAME	Battelle Me Dept L 998 COLUMBU 43260	emorial Institute Inquiry Tel: (6'	/ 14) 424-3278 No: 00-790-1598	7			DATE INVOICE RECEIVED
AND ADDRESS	43200 L	reuera	(U)(4)				PAYEE'S ACCOUNT NUMBER
SHIPPED FROM		то		WE	EIGHT		(b)(4) GOVERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract o supply schedule, and other information deeme		QUANTITY	UNIT P COST	PER	AMOUNT (1)
05/30/2014 TO 06/26/2014		I certify that all payments requeste appropriate purposes and in accordar the agreements set forth in the cont According to the According to t	nce with				\$52,034.03
(Use continuation PAYMENT:	sheet(s) if necessary		RATE 🦋		RENCE	TOTAL	\$52,034.03
PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS	BY 2	<u> </u>	<u> </u>	Amount verific			
Pursuant to auti	hority vested in m	e, I certify that this voucher is correct and proper fo	or payment.			-	
(Date)		(Authorized Certifying Officer) 2 ACCOUNTING C	LASSIFICATION		(Titl	e)	
P CHECK NU	IMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUME	BER		ON (N	lame of bank)
I CASH		DATE	PAYEE 3				
2 if ability to certify and au		ed in one person, one signature only is necessary; otherwise approving officer will s					
		y or coporation, the name of the person writing the company or corporate name, as ple: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case m		TITLE			

Battelle

The Business of Innovation

Invoice:

10071200

Invoice Date: Customer ID: 07/14/2014 C00107855

Payment Terms:

Net 30

Due Date: Voucher: 08/13/2014 00000010

Bill To:

43260

EPA

Dept L 998

COLUMBUS OH

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711 United States Inquiry: DUNS No: Federal ID: (614) 424-3278

00-790-1598

Contract:

Contract Type:

P.O. Ref:

(b)(4)

CPFF

Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU. Billing Period FROM 05/30/2014 TO 06/26/2014

Cost Appropriation	122,692.00	Fee Appropriation 7,29	2.00
Cost Elements		Current	Cumulative
Direct Labor - BCO		7,967.76	20,225.68
Direct Labor - BTSO		11,665.22	25,299.56
Fringe Benefits-Salaried - BCO	42.0%	3,346.50	8,494.77
Fringe Benefits-Salaried - BTSO	42.0%	4,899.45	10,625.90
Division Overhead - BCO	63.1%	7,139.23	18,122.64
Division Overhead - BTSO	26.1%	^{ያሳለስ} · ፪ 4,323,36 ^ት · ፪	9,376.65
Special Facilities & Services - BCO		4,323,36 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	2,264.22
Special Facilities & Services - BTSO		1884143 ()	2,338.01
Travel - BCO	The same	226.36	887.46
Travel - BTSO		• 236.00	535.50
General & Administrative - BODO	26.5%	🂥 🦂 ^{**} 5,199.04	i * 13,248.86
General & Administrative - BT			3,3,72,11 97,3,34
Cost of Facilities Capital-DOH BCO		5,199.04 1,594.96 283.85	
Cost of Facilities Capital-G&A - BCO		63.89	163.08
Cost of Facilities Capital-G&A - BTSC)	61. <u>58</u>	133.72
Total BEFORE Fee		49,089.26	116,061.50
Fee - Fixed		<u>2,944.77</u>	6,962.25
Total Fee		2,944.77	6,962.25
Net Total Cost		52,034.03	123,023.75

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

Accounting Officer

(Title

	ANDARD FORM		1											
	VISED JANUAR IMENT OF THE				PLIBLIC	VOLICHE	:D EAD D	URCHASES A	NIP.					
DE: 711	1 TFRM 4-200							N PERSONA				VOUCE	IER NO 00000	011
U.S. DEPARTMEN	T, BUREAU, OF	RESTABLISHMENT	AND LOCATIO	N DATE VOUCE	***************************************		************					SCHER	OULE NO.	011
EPA				08/15/201								COLLE	OLL ITO.	
RESEARCH							***************************************			**************		PAID	BY	***************************************
		MENT CENTE	R	EP-C-11-0	38/Task	Order 00	15							
MAIL CODE				REQUISITION	NUMBER A	ND DATE						1		
RTP, NC 27	/11			<u></u>	*******************				·	-		_		
DAVECIE	DATTELLE	FLORIA MOTO	g gagangian	DULINO	10D (6	44)404.00	\ 7 0		DATE IN	OICE RECE	IVED			
PAYEE'S NAME		IEMORIAL INSTITI T. L 998	UIE	BILLING N FAX NO		14)424-32 614)424-4						4		
AND		S, OHIO 43260		DUNS NO		0-790-159			DISCOUN	IT TERMS				
ADDRESS		0, 0.110		FEDERAL		b)(4)		•	PAYEE A	CCOUNT NU	MBFR	1		
						(D)(4)			1171227	000011110	WIDEI\			
SHIPPED FROM			то			····		***************************************	(b)	(4)		GOVER	NMENT B	L NUMBER
									-					
NUMBER	DATE OF			ARTICLE	S OR SEF	RVICES				UNIT F	PRICE		AMOU	NT
AND DATE	DELIVERY			description, iter					Quantity					
OF ORDER	OR SERVICE			nedule, and oth	er informat	ion deemed	necessary)		ļ	COST	PER			*************************
06/27/2014		COST REIMBURSA Please See Atta												
TO		i lease oce Allai	Cilca Contin	uation directs									\$23	3,618.56
07/31/2014												l		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			"Summary	/ Voucher"	Cost			23,052.23				1		
					Fee			<u>566.33</u>			1			
					Total			23,618.56						
												l		
		REMIT TO: A	CH-EPA								1			
			certify that all r	payments requested	are for									
				ooses and in accord							ĺ	l		
		1	the agreements	set forth in the 50M	traop?		്രത്ത	۰«		ጭ	k?	ĺ		
			7		· ' /···	. ** \		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	k, .∲. l	± ″″'½	<u> </u>	1		
		-	Name of Official	Jut 1000	untin g Off icer		 				~.ac-ac-	İ		
		(Name of Official	i) (flue	K. C	." with	15	.w.v	.3k. 37 1	a wastar	/' '''	1		
(USE CONTINUATI	ON SHEET(S) IS	NECESSADA	N.	/Payee r	nuet NOT	use the spa	co bolově	₹**			TOTAL	, *	\$23.6	318.56
PAYMENT	APPROVED		(* 18 18	BXCHANGE	ES A.	nae ilie aho	Ge Delowe	**	NECED	-NF-E	* * * *	- \$ - 4	72,0	, 10.30
PROVISIONAL	/// / / / CV LD) i.i.		. I 🐛		*					. <u> </u>	*	/ 3 3
COMPLETE			=\$			=\$1.00			n.r	<u> </u>	××× ~		<u> </u>	
PARTIAL	BY:2					***************************************								
FINAL														
PROGRESS	TITLE								Amount ve	rified; collecte	d for			
ADVANCE									(Signature	or initials)				
Pursuant to auth	ority vested in	me, I certify that	this voucher	is correct and	proper for	payment								
(Date)	-		uthorized on	rtificing officer\	,					Ad	counting: Title)			
(Date)			uli lonzeo ce	rtifying officer)2		NT CLASSIF	EICATION!				(1100	2)		
				 	ACCOOL	VI CLASSIF	-ICATION							
											**********	****		
CHECK NUMBE	R	ON ACCOUNT C	F U.S.		CHECK N	IUMBER			ON (Name	of bank)				
		TREASURY												
CASH		DATE			PAYEE 3									
														
		sert name of currenc	•		a antis in	PER								
		to approve are combi officer will sign in the												
		name of a company				TITLI	E							
he company or corr	oration name, as	well as the capacity	in which he sid	oos, must annear.	for	ı								

example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 PUBLIC VOUCHER FOR PURCHASES SERVICES OTHER THAN PERSONA								ND		VOUCHER NO. 00000011
U.		T. BUREAU, OR E	ESTABLISHMENT LOCATION		DATE VOUCHER F		RED 5/2014	L		SCHEDULE NO.
R FI M	ESEARCH T				CONTRACT NUMB EP-C-11-038/7	BER A	ND DATE			PAID BY
U	nited States		Customer ID: C00107855	romandiromo de la comencia de la comencia de la comencia de la comencia de la comencia de la comencia de la co	REQUISITION NUM	MBER	AND DA	TE		
	PAYEE'S	Battelle Mo Dept L 998 COLUMBU			/ 14) 424-3278 No: 00-790-1598		7			DATE INVOICE RECEIVED
	NAME AND ADDRESS	43260	,		ii iD: <mark>(b)(4)</mark>					DISCOUNT TERMS
	L					***				PAYEE'S ACCOUNT NUMBER (h)(4)
SH	SHIPPED FROM TO WEIGHT									GOVERNMENT B/L NUMBER
1	NUMBER DATE OF ARTICLES OR SERVICES AND DATE DELIVERY (Enter description, item number of contract or Federal QUANTITY COST PER									AMOUNT
c	FORDER	OR SERVICE	(Enter description, item number of contract or Federal QUANTITY COST PER supply schedule, and other information deemed necessary)					(1)		
	TO I certify that all payments requested are for appropriate purposes and in accordance with the agreement set forth in the contract. (Name of Official) (Name of Official) (Table)						\$16,191.39			
		eet(s) if necessary	·// · · · · · · · · · · · · · · · · · ·		the space belo	ow)	Z.A.,		OTAL	\$16,191.39
	YMENT: PROVISIONAL COMPLETE PARTIAL FINAL	BY 2	OR 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XCHANGE	RATE \$\frac{2}{2} = \$130	Amo	§ (ERENCE		
F	PROGRESS ADVANCE	TITLE				(Sig	nature o	or initials)		
Pu		rity vested in m	e, I certify that this voucher is correct a	nd proper fo	or payment.		-			,
(Date) (Authorized Certifying Officer) 2 (Title)										
			ACCC	OUNTING C	LASSIFICATION					
P A	CHECK NUM	BER	ON ACCOUNT OF U.S. TREA	SURY	CHECK NUME	BER			ON (N	iame of bank)
D	CASH \$		DATE		PAYEE 3					
1 When stated in foreign culrency, insert name of currency. 2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.										
3 When a voucher is receipted in the name of a company or coporation, the name of the person writing the company or corporate name, as well as										

Battelle

Dept L 998 **COLUMBUS OH**

The Business of Innovation

invoice:

10072695

Invoice Date: **Customer ID:** 08/15/2014 C00107855

Payment Terms:

Net 30

Due Date: Voucher:

09/14/2014 00000011

Bill To:

43260

EPA

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711 **United States**

inquiry: DUNS No: Federal ID: (614) 424-3278 00-790-1598

P.O. Ref: Contract:

Contract Type:

CPFF

Client Ref:

EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU, **Billing Period FROM** 06/27/2014 TO 07/31/2014

Cost Appropriation	132,106.82	Fee Appropri	iation 7	,108.32
Cost Elements			Current	Cumulative
Direct Labor - BCO			5,286.84	25,512.52
Direct Labor - BTSO			11,160.64	36,460.20
Fringe Benefits-Salaried - BCO	42.0%		2,220.47	10,715.24
Fringe Benefits-Salaried - BTSO	42.0%		4,687.55	15,313.45
Division Overhead - BCO	63.1%		4,737.12	22,859.76
Division Overhead - BTSO	26.1%	an a c	4,136.32	13,512.97
Special Facilities & Services - BCO	26.1%	Oilli	4,136,32°	2,913.97
Special Facilities & Services - BTSO	·	Oïlid	. No. (1051,887 (11.)	3,389.89
Travel - BCO			0.00	887.46
Travel - BTSO			874.80	1,410.30
General & Administrative - BOO 3	26.5%	ess Ii	3,416.92	16,665.78
General & Administrative - B SO Cost of Facilities Capital-DOMBCO	7.90%	$A \gg C C - 1 Y$	1,83369	16,665.78 4905.80 1,223.76
Cost of Facilities Capital-DOMBCO	J.J.A.A.A			
Cost of Facilities Capital-G&A - BCO			42.05	205.13
Cost of Facilities Capital-G&A - BTSO			60.82	194.54
Total BEFORE Fee			40,113.27	156,174.77
Fee - Fixed			2,406.61	9,368.86
Total Fee			2,406.61	9,368.86
Excess of Cost Appropriation			(24,067.95)	(24,067.95)
Excess of Fee Approp - Fixed			(2,260.54)	(2,260.54)
Net Total Cost			16,191.39	139,215.14

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with s set forth in the contract.

Accounting Officer

RE	'ANDARD FORM VISED JANUAR'	Y 1980									
DEPART	MENT OF THE 1 1 TFRM 4-2000	i					PURCHASES A				VOUCHER NO 0000001
U.S. DEPARTMEN		R ESTABLISHMENT A	ND LOCATION	1	ER PREPAREC		TAN PERSONAL	-			SCHEDULE NO.
RESEARCH FINANCIAL MAIL CODE	MANAGEN D143-02	E PARK MENT CENTER		10/14/2014 EP-C-11-03 REQUISITION	0*************************************						PAID BY
RTP, NC 27	711							T			-
PAYEE'S NAME		IEMORIAL INSTITU IT. L 998	TE	BILLING M)424-3278 4)424-4503		DISCOUN	OICE RECEI	VED	
AND ADDRESS	COLUMBU	S, OHIO 43260		DUNS NO: FEDERAL	00-	790-1598			CCOUNT NU	MBER	
SHIPPED FROM		7	О			1		(b)	(4)		GOVERNMENT B/L NUMBER
********	Larran	ı		A DELOVE	0.00.000.0	050			LANGE	DIOE .	ANGUNE
NUMBER AND DATE	DATE OF DELIVERY		(Enter de		S OR SERVI number of c	OES ontract of Federal		Quantity	UNITE	RICE	AMOUNT
OF ORDER	OR SERVICE		supply sche	edule, and othe		deemed necessa	ry)		COST	PER	
08/29/2014 TO 09/30/2014		COST REIMBURSAR Please See Attac									\$25,860.49
		"	Summary	Voucher" (Cost		24,413.28		·		
					Fee Total		<u>1,447.21</u> 25,860.49				
		REMIT TO: A	CH-EPA				:				
				yments requested							
		11		eses and in accorda			(1C)	- - - - - - - - - - - - - - - - - - -	18.	::::::::::::::::::::::::::::::::::::::	
							رين بي				*
(USE CONTINUATION PAYMENT PROVISIONAL	ON SHEET(S) IF	- 2		(Payee n	EE &	e the spage below	l ni(DIFFERI	NCES	TOTAL	\$25,860.49
COMPLETE		***	<u>s</u>		***************************************	=\$1.00					
PARTIAL FINAL	BY:2										
PROGRESS ADVANCE	TITLE							Amount ver	rified; collecte or initials)	d for	
	ority vested in	me, I certify that t	his voucher i	is correct and p	proper for pay	/ment					
(Date)	•	(Au	thorized cert	tifying officer)2		OLABOUTIOATION			Ac	counting (Titl	
					ACCOUNT	CLASSIFICATION					
CHECK NUMBE		ON ACCOUNT OF	U.S.		CHECK NU	MBER		ON (Name	of bank)		
CASH		DATE			PAYEE 3						
2 if the ability to cert necessary, otherwis 3 When a voucher is	tify and authority se the approving of s receipted in the	sert name of currency to approve are combin officer will sign in the s name of a company of	ed in one pers pace provided or corporation, t	over his official ti the name of the p	tie erson writing	PER					,
		s well as the capacity i hn Smith, Secretary, c									

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000	PUBLIC VOUCHER FOI SERVICES OTHER TH		VOUCHER NO.					
U.S. DEPARTMENT, BUREAU, OR	ESTABLISHMENT LOCATION	DATE VOUCHER PRE	PARED 14/2014			SCHEDULE NO.		
RESEARCH TRIANGLE P FINANCIAL MANAGEMEN MAIL CODE D143-02 RTP NC 27711		CONTRACT NUMBER EP-C-11-038/TO	AND DATE	R-ORD-14-	1	PAID BY		
United States	Customer ID: C00107855	REQUISITION NUMBE	R AND DAT	E				
Battelle M PAYEE'S Dept L 99 NAME COLUMB	•	/ 14) 424-3278 No: 00-790-1598	7			DATE INVOICE RECEIVED		
AND 43260		11D:(b)(4)			Ī	DISCOUNT TERMS		
ADDRESS			ل		1-	PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM								
NUMBER DATE OF	ARTICLES OR SERVICES			UNIT PE	RICE	AMOUNT		
AND DATE DELIVERY	(Enter description, item number of contract or							
OF ORDER OR SERVICE 08/29/2014	supply schedule, and other information deemed	nedule, and other information deemed necessary)				\$24,063.67		
09/30/2014	TO I certify that all payments reflected are for appropriate purposes and in accordance with the agreement forth in the contract. Accounting Officer(). (Name of official)							
(Use continuation sheet(s) if necessar	(Payee must NOT use	e the space below		· .	OTAL	\$24,063.67		
PAYMENT: APPROVED PROVISIONAL COMPLETE BY 2 PARTIAL FINAL	BR EXCHANGE	\$ \$\$1.00	OIFF®	RENCE				
PROGRESS TITLE		(\$	Signature o	r initials)				
Pursuant to authority vested in	me, I certify that this voucher is correct and proper fo	or payment.						
(Date)	(Authorized Certifying Officer) 2			(Title)			
	ACCOUNTING C	LASSIFICATION						
P CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	₹		ON (Nar	me of bank)		
I CASH D \$	DATE	PAYEE 3						
1 When stated in foreign currency, insort name of ou		abru la usuare permidunt name nd8-dat it	PER					
	sined in one person, one signature only is necessary; otherwise approving officer will a seny or coporation, the name of the person writing the company or corporate name, as	sign in space provided, over official ti I well as	TITLE					

Battelle

Dept L 998 The Business of Innovation COLUMBUS OH 43260

Invoice:

10075669

invoice Date: Customer ID: 10/14/2014

Payment Terms:

C00107855 Net 30

Due Date: Voucher:

11/13/2014 00000001

Bill To:

RESEARCH TRIANGLE PARK

FINANCIAL MANAGEMENT CENTER

MAIL CODE D143-02

RTP NC 27711

United States

inquiry: DUNS No:

Federal ID:

(614) 424-3278

00-790-1598

P.O. Ref:

Contract: Contract Type:

Client Ref:

EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU. **Billing Period FROM** 08/29/2014 TO 09/30/2014

Cost Appropriation	86,769.00	Fee Appropriation	5,160.00
Cost Elements		Current	Cumulative
Direct Labor - BCO		3,664.42	3,664.42
Direct Labor - BTSO		5,529.62	5,529.62
Fringe Benefits-Salaried - BCO	42.0%	1,539.04	1,539.04
Fringe Benefits-Salarled - BTSO	X 42.0%	2,322.48	2,322.48
Division Overhead - BCO	63.1%	.~~ 3,283.37	3,283.37
Division Overhead - BTSO	26.1%	\$ " \$ 2040 41 \$	2.049.41
Special Facilities & Services - BCO		(" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	249.69 781.56
Special Facilities & Services - BTSO	26.1%	\\	.Ž. &. 781.56
General & Administrative - BCO	26.5%	2,315.22	2,315.22
General & Administrative - BTSO	7.00%		747.77
Cost of Facilities Capital-DOH BCB	*	* 176,35	, × 176.35
Cost of Facilities Capital-G&A #8000		776,35 28,35 28,35	28.52
Cost of Facilities Capital-G&A#BTS			. I. I. I. I. I. I. I. 2047 II. I
Total BEFORE Fee		22,716.92	22,716.92
Fee - Fixed		1,346.75	1,346.75
Total Fee		1,346.75	1,346.75
Net Total Cost		24,063.67	24,063.67

TD # BPG

I certify that all payments requested are for appropriate purposes and is accordance with the contract. Accounting Officer

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

	ANDARD FORM VISED JANUARY											
DEPARTMENT OF THE TREASURY			PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL								VOUCHER NO 00000002	
1 TFRM 4-2000 U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHE			.5 OTTLK II	HANTEROONA				SCHEDULE NO.	
E P A			11/17/2014									
RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP, NC 27711		EP-C-11-038/Task Order 0026 REQUISITION NUMBER AND DATE							PAID BY			
KIT, NO 27									DATE INVOICE RECEIVED			
PAYEE'S BATTELLE MEMORIAL INSTITUTE NAME DEPT. L 998			BILLING MGR (614)424-3278 FAX NO (614)424-4503					DISCOUNT TERMS				
AND ADDRESS				DUNS NO: 00-790-1598 FEDERAL ID # (h)(4)				PAYEE ACCOUNT NUMBER				
SHIPPED FROM	The state of the s		то	***************************************					(b)	(4)		GOVERNMENT B/L NUMBER
NUMBER	DATE OF		-	ARTICLES	2 00 2	EDVIC	ES		-	UNIT P	RICE	AMOUNT
AND DATE	DELIVERY		(Enter de				ntract of Federal		Quantity	<u> </u>	1	
OF ORDER	OR SERVICE		supply sche	edule, and othe	r inform	ation d	eemed necessa	ıry)	<u> </u>	COST	PER	
10/01/2014 TO 10/30/2014		COST REIMBURSA Please See Atta										\$71,232.68
			"Summary	F	Cost Fee Fotal			67,245.84 3,986.84 71,232.68				
		,	certify that all passpropriate purp	ayments requested oses and in accorda iet forth in the arti- (Title)	nce with			dei			<u> </u>	
(USE CONTINUAT	ION SHEET(S) IF	NECESSARY	3	A(Paves.m	ust NO	Tuse.	the spage belo				TQTAL	
PAYMENT PROVISIONAL COMPLETE	APPROVED	FOR		ENCHANGE F	E ğ	<i>t</i>	=\$1.00		DAFFER	NCES.		
PARTIAL	BY:2											
FINAL												
PROGRESS ADVANCE	TITLE								(Signature	rified; collecte or initials)	d for	
	nority vested in	me, I certify that	this voucher	is correct and p	oroper fo	or payn	nent			Ad	counting	g Officer
(Date)		(Δ	uthorized ce	rtifying officer)2							(Titl	
					ACCO	UNT C	CLASSIFICATIO	N				
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY			CHECK NUMBER ON				ON (Name	e of bank)				
CASH	-	DATE			PAYEE	E 3						
2 if the ability to cer necessary, otherwis	tify and authority se the approving	sert name of current to approve are comb officer will sign in the	ined in one per space provided	d over his official ti	te.		PER					
the company or con	poration name, a	name of a company well as the capacity hn Smith, Secretary	y in which he sig	gns, must appear,	for	ting	TITLE					

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL						VOUCHER NO. 00000002		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA			DATE VOUCHER PREPARED 11/17/2014				SCHEDULE NO.	
RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711			CONTRACT NUMBER AND DATE EP-C-11-038/TO 0026 PR-ORD-14-01577				PAID BY	
United State	5	Customer ID: C00107855	REQUISITION NU	MBER AND I				
Battelle Memorial Institute Inquiry PAYEE'S Dept L 998 Tel: (614) 424-3278 NAME COLUMBUS OH DUNS No: 00-790-1598						DATE INVOICE RÉCEIVED		
AND ADDRESS	43260	Federa	al ID:(b)(4)				DISCOUNT TERMS	
SHIPPED FROM		ТО				PAYEE'S ACCOUNT NUMBER (b)(4)		
SHIFFED FROM				·	WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SERVICES (Enter description, item number of contract of	r Federal	QUANTITY	COST	PER	AMOUNT	
OF ORDER 10/01/2014 TO	OR SERVICE	supply schedule, and other information deeme	are for				\$66,408.86	
appropriate purposes and n accordance with the agreement's set more in the contract. Accounting Officer (Tries)							> W- W- W- W-	
	sheet(s) if necessary		0.20		·	TOTAL	\$66,408.86	
PAYMENT: PROVISIONAL COMPLETE PARTIAL	BY 2	DR EXCHANGE	RATE \$ = \$1.06 \$		FÉRENCE	M	atior	
PROGRESS	TITLE				ified; correct for or initials)			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
(Date) (Authorized Certifying Officer) 2 (Title)						e)		
ACCOUNTING CLASSIFICATION								
P CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (N					ON (Nar	me of bank)		
I CASH		DATE	PAYEE 3					
1 When stated in foreign co	errency, insert name of curren			PER				
3 When a voucher is receip	led in the name of a company	id in one person, one signature orly is necessary, otherwise approving officer will s y or coporation, the name of the person writing the company or corporate name, as de: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case m	well as	TITL	E			

Battelle

Dept L 998 The Business of Innovation COLUMBUS OH

invoice: Invoice Date:

10077188 11/17/2014

Customer ID: Payment Terms:

C00107855 Net 30

Due Date: Voucher:

12/17/2014 00000002

Bill To:

43260

RESEARCH TRIANGLE PARK

MAIL CODE D143-02

RTP NC 27711 **United States**

FINANCIAL MANAGEMENT CENTER

DUNS No:

(614) 424-3278

P.O. Ref: 00-790-1598

Contract:

Federal ID:

Contract Type:

CPFF

Client Ref:

Inquiry:

EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE, THANK YOU. Billing Period FROM 10/01/2014 TO 10/30/2014

Cost Appropriation	86,769.00	Fee Appropriation 5,16	.00	
Cost Elements		Current	Cumulative	
Direct Labor - BCO		7,162.86	10,827.28	
Direct Labor - BTSO		19,384.63	24,914.25	
Fringe Benefits-Salaried - BCO	42.0%	3,008.35	4,547.39	
Fringe Benefits-Salaried - BTSO	X 42.0%	8,141.66	10,464.14	
Division Overhead - BCO	63.1%	6,418.02	9,701.39	
Division Overhead - BTSO	26.1%	₃ ′′′ ^{ላለት} ·፞፞፞፞፞፞ዿ 7,184 ₃ 36 ^የ ት ·፞፞፞፞፞ዿ	9,233.77	
Special Facilities & Services - BCO	€ ' ₆ '''\	7,184,36 ° ° ° 7,184,36 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	753.03	
Special Facilities & Services - BTSO		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3,948.99	
General & Administrative - BCO	26.5%	4,529.49	6,844.71	
General & Administrative - BTSO	7.00%	2,651.42	3,399.19	
Cost of Facilities Capital-DOH BOO	₩	`¥′ ફ [′] 325.20	; ^ॐ 501.55	
Cost of Facilities Capital-G&A B&O ~		325.20	94831	
Cost of Facilities Capital-G&A BTSO	wllli		77879	
Total BEFORE Fee		62,691.87	85,408.79	
Fee - Fixed		3,716.99	5,063.74	
Total Fee		3,716. <u>99</u>	5,063.74	
Net Total Cost		66,408.86	90,472.53	

TD BFG

I certify that all payments requested are for the contract.